Draft PMD PA Reason Statements & Identifiers V. II (12/10/2012)

Reason Code	Draft 7-element Order
1A	The documentation submitted for review does not include a 7-element order.
1B	The 7-element order is illegible.
1C	The imaged copy of the 7 element order is of poor quality and is, thereby, illegible.
1D	The 7-element order is missing the beneficiary's name.
1E	The 7-element order contains an incorrect beneficiary's name.
1F	The 7-element order is missing the description citing that a power mobility device being ordered.
1G	The 7-element order is missing the date of face-to-face examination.
1H	The 7-element order contains an invalid date of the face-to-face examination
1I	The 7-element order is missing pertinent diagnosis/condition(s) that are directly related to the need for the power mobility device.
1J	The 7-element order is missing the length of need.
1K	The 7-element order is missing the treating physician's signature.
1L	The 7-element order contains a physician's signature which does not comply with the CMS signature requirements.
1M	The 7-element order is missing the date the treating physician signed the order.
1N	The 7-element order has an invalid date of when the treating physician signed the order.
1O	The supplier did not receive a valid copy of the 7-element order within 45 days of the completion date of the face-to-face examination.
1P	The 7-element order was obtained before the face-to-face examination was completed.
1Q	It is unable to be determined who completed all sections of the 7 element order.
1R	All elements of the 7-element order were not completed by the treating physician.
1S	The 7-element order is combined with the detailed product description. The 7-element order should be a separate document received prior to the supplier preparing the detailed product description.
1T	The ordering physician is a Podiatrist (DPM) or Chiropractor (DC).
1U	The 7-element order contains corrections/changes that do not comply with accepted record keeping methods.
1V	The 7-element order requires a date stamp (or equivalent) to document the receipt date of the order by the supplier.
1Z	The 7- element order *(explain identified problem with the 7-element order)*

Reason Code	Draft General Face to Face Exam/Medical Records
2A	The documentation submitted for review does not include a face-to-face examination.
2B	The face-to-face examination requires a date stamp (or equivalent) to document the receipt date of the examination by the supplier.
2C	The face-to-face examination received was insufficient to establish that one of the major reasons for the examination was for a mobility evaluation.
2D	The face-to-face examination did not specify objective measurements of the beneficiary's limitations for performing mobility related activities of daily living.
2E	Claims history indicates the beneficiary has received a similar power mobility device (PMD) within the past five years. The documentation does not provide evidence that the beneficiary has had a change in their medical condition that meets the medical necessity for the requested PMD.
2F	Claims history indicates the beneficiary has same or similar durable medical equipment as what is being requested. The documentation received does not indicate the rationale for the new power mobility device being requested.
2G	The documentation does not support that the beneficiary's power mobility device has not reached its reasonable useful lifetime and does not support that it was lost, stolen or irreparably damaged in a specific incident.
2H	The face-to-face examination or other medical documentation received indicates the beneficiary's primary need for the power mobility device is to be used outside of their home.
2I	The face-to-face examination indicates there is a physical or mental deficit that is not explained that may prevent the safe use of the power mobility device.
2J	The documentation had conflicting information between the face-to-face examination and other medical records submitted for review.
2K	The face-to-face examination has been completed on a standardized form with no detailed narrative notes documented by the physician. This form cannot be used as a substitute for the physician's comprehensive medical record in the format they use for other entries.
2L	The face-to-face examination was not completed by the same practitioner that signed the 7-element order.
2M	The face-to-face examination was not completed prior to the treating physician writing 7-element order.
2N	The supplier did not receive a valid copy of the face-to-face examination within 45 days of the completion date.
2O	The face-to-face documents contain corrections/changes that do not comply with accepted record keeping methods.
2P	The face-to-face examination contains a physician's signature which does not comply with the CMS signature requirements.
2Q	The face-to-face examination was not signed, therefore the identity and credentials of the author cannot be authenticated.
2Z	The face-to-face examination *(explain identified problem with the face to face)*

Reason Code	Draft LCD Criteria Specific
3A	The face-to-face examination does not specify the beneficiary's mobility limitations that would establish significant impairment to participate in mobility-related activities of daily living (MRADLs) within their home.
3B	The face-to-face examination does not indicate the beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
3C	The face-to-face examination fails to specify that the beneficiary's limitation of upper extremity function is insufficient to self-propel an optimally-configured manual wheelchair in the home in order to perform mobility-related activities of daily living (MRADLs).
3D	The face -to-face examination does not indicate the beneficiary is able to safely transfer to and from the power operated vehicle.
3E	The face -to-face examination does not indicate the beneficiary is able to operate the tiller steering system of the power operated vehicle.
3F	The face -to-face examination does not indicate the beneficiary is able to maintain postural stability and position while operating the power operated vehicle in their home.
3G	The face-to-face examination does not specify that the beneficiary has the physical and mental capability to safely operate the power operated vehicle being requested.
3H	The beneficiary's weight does not meet the weight capacity for the power operated vehicle being requested.
3I	The face-to-face examination does not indicate the use of the power operated vehicle (POV) will significantly improve the beneficiary's ability to participate in mobility related activities of daily living (MRADLs) and the beneficiary will use the PMD in their home.
3J	The face-to-face examination indicates the beneficiary has expressed an unwillingness to use the power operated vehicle in the home.
3K	The face-to-face examination does not specify that the beneficiary has the physical and mental capability to safely operate the power wheelchair being requested.
3L	The face-to-face examination does not indicate that the caregiver who will be operating the power mobility device is unable to adequately propel an optimally configured manual wheelchair.
3M	The face to face examination indicates that the beneficiary is unable to safely operate the power wheelchair, however the documentation does not indicate the caregiver is available, willing and able to safely operate the power wheelchair being requested.
3N	The beneficiary's weight does not meet the weight capacity for the power wheelchair being requested.

3O	The face-to-face examination does not indicate the use of the power wheelchair will significantly improve the beneficiary's ability to participate in mobility related activities of daily living (MRADLs) and the beneficiary will use the PMD in their home.
3P	The face-to-face examination indicates the beneficiary has expressed an unwillingness to use the power wheelchair in the home.
3Q	The documentation does not indicate that the beneficiary requires a drive control interface other than a hand or chin-operated standard proportional joystick, or that the beneficiary meets the coverage criteria for a power tilt or power recline seating system and the system is being used on the wheelchair.
3R	The specialty evaluation does not document the medical necessity for the wheelchair and its special features, and therefore does not meet the Local Coverage Determination (LCD) for the wheelchair base.
3S	The documentation does not indicate that the beneficiary meets coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair, **or** that the beneficiary uses a ventilator which is mounted on the wheelchair.
3T	The documentation does not indicate the beneficiary's mobility limitations are due to a neurological condition, myopathy, or congenital skeletal deformity.
3U	The documentation does not support that the beneficiary is expected to grow in height.
3Z	The documentation in the face-to-face examination *(explain identified problem with the documentation related to specific criteria in the LCD)*

Reason Code	Draft Detailed Product Description
4A	The documentation submitted for review does not include a detailed product description.
4B	The detailed product description is missing the beneficiary 's name.
4C	The detailed product description contains an incorrect beneficiary's name.
4D	The detailed product description is missing the physician identification information.
4E	The detailed product description contains incorrect physician identification information.
4F	The detailed product description is illegible.
4G	The imaged copy of the detailed product description is of poor quality and is illegible.
4H	The detailed product description contains insufficient detail to properly identify the item(s) being dispensed in order to determine they are properly coded.
4I	The detailed product description contains a physician's signature which does not comply with the CMS signature requirements.
4J	The detailed product description is not dated properly by the physician.
4K	The detailed product description is missing a date stamp (or equivalent) indicating when it was received by the supplier from the physician.
4L	The detailed product description is invalid as it was prepared prior to the date the 7-element order was received by the supplier.
4M	The detailed product description contains corrections/changes that do not comply with accepted record keeping methods.
4N	The detailed product description contains a HCPCS code and that is not consistent with the narrative description of the power mobility device as assigned by the Medicare Pricing, Data Analysis, and Coding (PDAC).
4O	The detailed product description contains a power mobility device that has not been coded by the Medicare Pricing, Data Analysis, and Coding (PDAC) contractor at the time of the request.
4Z	The detailed product description *(explain identified problem with the DPD)*

Reason Code	Draft Medical Records
5A	The medical record documentation received was illegible.
5B	The imaged copy of the medical record documentation is of poor quality and is illegible.
5C	The medical documentation contains a missing signature. Therefore the identity and credentials of the author cannot be authenticated.
5D	The medical documentation contains an illegible signature, and no signature log or attestation statement was submitted. Therefore the identity and credentials of the author cannot be authenticated.
5E	The medical record contains corrections/changes that do not comply with accepted record keeping methods.
5F	The medical record documentation contains a physician's signature that does not comply with the CMS signature requirements.
5Z	The medical record documentation *(explain identified problem)*

Reason Code	Draft Assistive Technology Professional
6A	The documentation does not include verification that the supplier's Assistive Technology Professional has a current RESNA certification.
6B	The documentation does not provide evidence that a RESNA certified professional, employed by the supplier, had direct in-person involvement in the selection of the power mobility device for this beneficiary.
6C	The documentation for the Assistive Technology Professional contains corrections/changes that do not comply with accepted record keeping methods.
6Z	The documentation for the Assistive Technology Professional *(explain identified problem)*

Reason Code	Draft LCMP/PT/OT
7A	The documentation does not include a signed and dated attestation by the licensed/certified medical professional (LCMP) stating they have no financial relationship with the supplier.
7B	The documentation does not include a specialty evaluation performed by a licensed/certified medical professional (LCMP), such as a physical therapist (PT) or occupational therapist (OT), or a physician who has specific training and experience in rehabilitation wheelchair evaluations, and who has no financial relationship with the supplier.
7C	The specialty evaluation completed by the licensed/certified medical professional (LCMP) did not have evidence of concurrence by the treating physician's documentation or by the treating physician's dated signature, therefore the evaluation was not taken into consideration as part of the face-to-face examination.
7D	The treating physician did not state concurrence with the licensed/medical professional (LCMP) evaluation, either in the face to face documentation or by indicating concurrence with a dated signature on the LCMP evaluation.
7E	The attestation by the licensed/certified medical professional (LCMP) contains corrections/changes that do not comply with accepted record keeping methods.
7F	The specialty evaluation by the licensed/certified medical professional (LCMP) contains corrections/changes that do not comply with accepted record keeping methods.
8A	The attestation for the licensed/certified medical professional (LCMP) *(explain identified problem)*

Reason Code	Draft Other
8-A	An affirmative decision was made on a previously submitted prior authorization request for this beneficiary, HCPCS code and supplier.
8B	No determination letter was sent to the supplier due to insufficient identification information.
8C	No determination letter was sent to the physician due to insufficient identification information.
8D	No determination letter was sent to the beneficiary due to insufficient identification information.
8Z	The documentation *(explain identified problem)*

Reason Code	Draft Rejection/Invalid PAR
9A	The prior authorization request you have submitted is not under this jurisdiction. Please resubmit your request to Jurisdiction-A at NHIC, P.O. Box 9170, ATTN: Prior Authorizations, Hingham, MA 02043 or fax to 781-383-4519.
9B	The prior authorization request you have submitted is not under this jurisdiction. Please resubmit your request to Jurisdiction-B at National Government Services, Inc. Attn: Medical Review-PMD Prior Authorization Request P.O. Box 7018, Indianapolis, IN 46207-7018 or fax to 317-841-4414.

9C	The prior authorization request you have submitted is not under this jurisdiction. Please resubmit your request to Jurisdiction-C at CGS-DME Medical Review-Prior Authorization, P.O. Box 24890, Nashville, TN 37202-4890 or fax to 615-664-5960.
9D	The prior authorization request you have submitted is not under this jurisdiction. Please resubmit your request to Jurisdiction-D at Noridian Administrative Services, Attn: DME-MR PAR, PO BOX 6742, Fargo ND 58108-6742 or fax to (701) 277-7891.
9E	The beneficiary resides in a state that is not included in the Power Mobility Device Demonstration Project. Only if the beneficiary resides in the following states are they included in this project, they are California, Illinois, Michigan, New York, North Carolina, Florida and Texas.
9F	This is a duplicate prior authorization request.
9G	An error occurred during the fax transmission of the prior authorization request and it is unable to be processed.
9H	The documentation does not specify the base code of the power mobility device being request for prior authorization.
9I	The base code of the power mobility device (PMD) being requested is not a code that is specific to the PMD Demonstration Project.
9J	The Power Mobility Demonstration (PMD) Project is only for initial request for specified base codes with the physician order dates on or after September 1, 2012.
9Z	The prior authorization request *(explain identified problem)*